

# Work Order ID 99947

\*99947\*

Page 3

Thursday, May 09, 2013 10:20:25 AM

Item ID: D412-824-011

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Skidtube Step

Start Date: 4/16/2013 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00

\*1\*

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan: Date: Tooling: Date:

Run Start \*NR1\*

QC: Date: SPC (Y/N): Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description             | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | QC7-Inspect Chemical Conversion Coat | 0.00                 |         |        |              |               |               |                  |                |
| *130*                          |                                      |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                 | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                      |                      |         |        |              |               |               |                  |                |

140 White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum 0.00

\*140\*

Powdercoat

Powder Coating

Memo

START TIME:

OVEN TEMPERATURE:

FINISH TIME:

7:30  
320°F  
8:00

WALK WALK WALK

105887

10/13/06/24

150 QC3- Inspect Part Finish

\*150\*

QC

Quality Control

Memo

0.00

10/13/06/27

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Work Order ID 99947

Thursday, May 09, 2013 10:20:25 AM

**\*99947\***

Page 2

Item ID: D412-824-011

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Skidtube Step

Stop **\*NS2\***

Start Date: 4/16/2013 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00 **\*1\***

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

110

0.00

**\*110\***

Small Fab

Small Fab

Memo

0.00

DISSASSEMBLE AND SCRAP:

MS21043-4 X 6

MS21043-6 X 2

MS24694-C102 X 6

MS27151-19 X 2

KEEP REMAINING PARTS TO RE-ASSEMBLE ONCE D4630-1 ( COVER) IS  
BACK FROM POWDER COATING

BRING D4630-1 (COVER)  
TO FINISHING

120

0.00

**\*120\***

HandFinish

Hand Finishing

Memo

0.00

STRIP ENTIRELY AND RE-ALODINE

1 x 4 11/13/06/21

FF  
13-05-13

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

| Landing Gear                                          | General                                 | Other                                                    |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Misabeled                       |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|                                                       |                                         | <input type="checkbox"/> Ovalized                        |
|                                                       |                                         | <input type="checkbox"/> Over/Under tolerance            |
|                                                       |                                         | <input type="checkbox"/> Part Incorrect                  |
|                                                       |                                         | <input type="checkbox"/> Part Lost/Missing               |
|                                                       |                                         | <input type="checkbox"/> Part Moved                      |
|                                                       |                                         | <input type="checkbox"/> Positioned Wrong                |
|                                                       |                                         | <input type="checkbox"/> Power Loss/Surge                |
|                                                       |                                         | <input type="checkbox"/> Pressure/Forced                 |
|                                                       |                                         | <input type="checkbox"/> Temperature/Cure                |
|                                                       |                                         | <input type="checkbox"/> Weld                            |
|                                                       |                                         | <input type="checkbox"/> Wrong Stock Pulled              |
|                                                       |                                         | <input type="checkbox"/> Other                           |

Work Order ID 99947

\*99947\*

Thursday, May 09, 2013 10:20:25 AM

Page 1

Item ID: D412-824-011

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Skidtube Step

Stop \*NS2\*

Start Date: 4/16/2013 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00

\*1\*

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan: *MF*

Date: *3-5-09*

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

IIN-D412-824

100

0.00

\*100\*

QC

Quality Control

Memo

INSPECT RA 111520  
D412-824-011 X 1 B#91987

NEEDS SOME REWORK  
DISSASSEMBLE STEP AND REPOWDER COAT  
RE-ASSEMBLE WITH NEW HARDWARE

*DAS*  
*16*  
*5-0*

*13/04/16*

*722*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="font-size: 2em; transform: rotate(-45deg);">             6/5/11<br/>             JG           </div>                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Work Order ID 99947

**\*99947\***

Page 4

Monday, November 04, 2013 1:39:21 PM

Item ID: D412-824-011

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Skidtube Step Fits LH or RH

Stop **\*NS2\***

Start Date: 4/16/2013 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00 **\*1\***

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan: Date:

Tooling: Date:

Run Start **\*NR1\***

QC: Date:

SPC (Y/N): Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

151

0.00

**\*151\***

Mill Conv

Memo

0.00

Conventional Milling Machine

REWORK D4630-1 TO NEW DRAWING

152

QC5- Inspect part completeness to step on W/O

0.00

**\*152\***

QC

Memo

0.00

Quality Control

153

0.00

**\*153\***

HandFinish

Memo

0.00

Hand Finishing

TOUCH UP WITH ALODINE AND POWDERCOAT WHITE WHERE  
NECESSARY

Work Order ID 99947

\*99947\*

Page 5

Monday, November 04, 2013 1:39:22 PM

Item ID: D412-824-011

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Skidtube Step Fits LH or RH

Start Date: 4/16/2013 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00 \*1\*

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

155

QC3- Inspect Part Finish

0.00

\*155\*

QC

Memo

0.00

Quality Control

160

0.00

\*160\*

Small Fab

Memo

0.00

Small Fab

RE-ASSEMBLE AS PER DRAWING

ADD NEW HARDWARE:

127255 - MS21043-4 X 6  
124485 - MS21043-6 X 2  
123395 - MS24694-C102 X 2  
126310 - MS27151-19 X 2

DAS  
27  
9-89

170

QC5- Inspect part completeness to step on W/O

0.00

\*170\*

QC

Memo

0.00

Quality Control



# Work Order ID 99947

**\*99947\***

Page 6

Monday, November 04, 2013 1:39:22 PM

Item ID: D412-824-011

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Skidtube Step Fits LH or RH

Stop

**\*NS2\***

Start Date: 4/16/2013 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 4/17/2013 Req'd Qty: 1.00

**\*1\***

Customer: CU-DAR001

Reference: RMA RA111520

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

Identify as per dwg & Stock Location: *042*

0.00

**\*180\***

Packaging

Memo

0.00

*Per B*

*1 13-12-11*

Packaging

ID AND STOCK UNDER NEW BATCH NUMBER

190

QC21- Final Inspection - Work Order Release

0.00

**\*190\***

QC

Memo

0.00

*RM 13/12/30*

Quality Control

*13-12-11*



# Picklist Print

Thursday, May 09, 2013 10:20:24 AM

Page 1 12

Work Order ID: 99947

Parent Item: D412-824-011

Parent Item Name: Skidtube Step

Start Date: 4/16/2013

Required Date: 4/17/2013

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.10.02 PER DWG REVA DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D412-824-011<br>Skidtube Step   |                        | Manufactured  | No          |                     |                  |                 | Each               | 2.0000         |             | 1            |               |                |        |

Location

Loc Qty

Loc Code

FG051

2

91987

2

1 x 91987

MS21043-4

Nut

Purchased

No

Each

316.0000

6

FF 13-06-25

Location

Loc Qty

Loc Code

FG

36

104603

36

GA

44

121652

44

ST315

236

121162

25

123021

180

123525

29

123900

2

6

MS21043-6

NUT

Purchased

No

Each

312.0000

2

FF 13-06-25

Location

Loc Qty

Loc Code

FG

20

103693

20

ST315

132

117887

2

120308

2

124231

128

ST506

160

124485

160

2

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Picklist Print

Thursday, May 09, 2013 10:20:24 AM

Page 2

Work Order ID: 99947

Parent Item: D412-824-011

Parent Item Name: Skidtube Step

Start Date: 4/16/2013

Required Date: 4/17/2013

Start Qty: 1.00

Required Qty: 1.00

MS24694-C102

Purchased

No

Each 76.0000

6

Screw

FF 13-06-25

Location

Loc Qty

Loc Code

ST301

76

123265

26

123395

50

6

MS27151-19

Purchased

No

Each 34.0000

2

Nut

FF 13-06-25

Location

Loc Qty

Loc Code

ST309

34

123116

2

123409

32

2

Thursday, May 09, 2013 10:20:24 AM

Shop Packet Print

Page 2

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear                                          | General                                 | Other                                                    |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|                                                       |                                         | <input type="checkbox"/> Ovalized                        |
|                                                       |                                         | <input type="checkbox"/> Over/Under tolerance            |
|                                                       |                                         | <input type="checkbox"/> Part Incorrect                  |
|                                                       |                                         | <input type="checkbox"/> Part Lost/Missing               |
|                                                       |                                         | <input type="checkbox"/> Part Moved                      |
|                                                       |                                         | <input type="checkbox"/> Positioned Wrong                |
|                                                       |                                         | <input type="checkbox"/> Power Loss/Surge                |
|                                                       |                                         | <input type="checkbox"/> Pressure/Forced                 |
|                                                       |                                         | <input type="checkbox"/> Temperature/Cure                |
|                                                       |                                         | <input type="checkbox"/> Weld                            |
|                                                       |                                         | <input type="checkbox"/> Wrong Stock Pulled              |
|                                                       |                                         | <input type="checkbox"/> Other                           |

# RA111520 D412-824-011

## B91987

Received @ Dart April 11<sup>th</sup>, 2013  
Inspected @ Dart April 16<sup>th</sup>, 2013

Customer: CALIFORNIA DEPT. OF FORESTRY  
Customer Contact: JON ROBBINS  
Shipped from: McCLELLAN CA, USA

### Instructions for RA 111520 D412-824-011 B91987 CHG001

- Still at CHG 001
- Disassemble step
- Strip all parts and re powder coat as per QSI004
- Re assemble as per drawing using new hard wear
- Return to stock under new BATCH #

Time Estimate = 5 HOURS

Departments Required: Stores, Small Fab, & Finishing

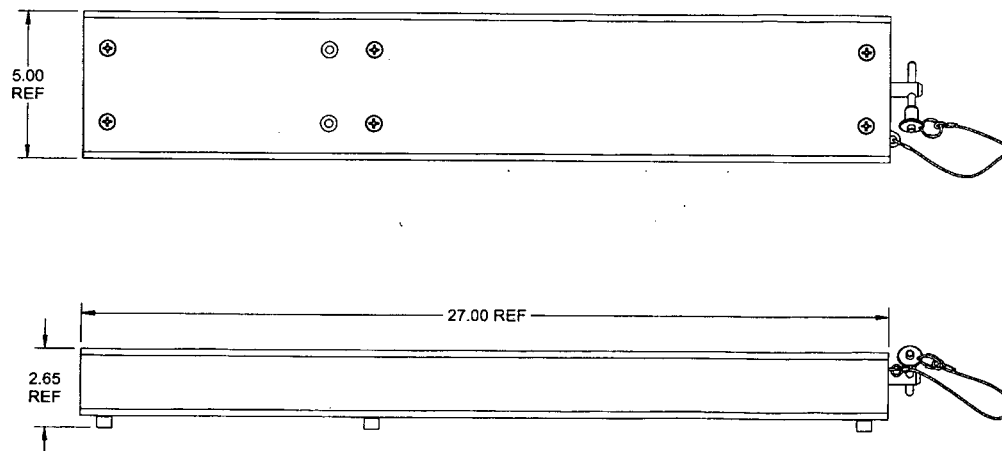
Pictures Attached = NO

QTY INSPECTED = x1 D412-824-011 @ CHG 001

*+ add holes  
to  
D4630-1 x 2*

**THIS INSTRUCTION SHEET MUST  
BE ATTACHED TO THE  
RESTOCKING WORK ORDER AT  
ALL TIMES!!!!**

| ITEM | QTY | PART NUMBER  | DESCRIPTION            |
|------|-----|--------------|------------------------|
|      | X   | D4630-041    | SKIDTUBE STEP ASSEMBLY |
| 1    | 1   | D4630-1      | COVER                  |
| 2    | 3   | D4630-3      | BRACKET                |
| 3    | 1   | D4630-5      | PIN                    |
| 4    | 1   | D4630-7      | PIN                    |
| 5    | 1   | D4697-041    | LANYARD                |
| 6    | 6   | MS21043-4    | NUT                    |
| 7    | 2   | MS21043-6    | NUT                    |
| 8    | 2   | MS27151-19   | NUT                    |
| 9    | 6   | MS24694-C102 | SCREW                  |
| 10   | 1   | MS17984-C415 | PIN, QUICK RELEASE     |
| 11   | 2   | MS15795-814  | WASHER                 |



**D4630-041 SKIDTUBE STEP ASSY**

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: APPLY BLACK ANTI-SKID PAINT WHERE INDICATED PER DART QSI 005 4.4
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4630-041" AND B/N "BXXXXX" PER QSI 044 6.1
- 7) WEIGHT: 5.98 lbs

|            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| B          | TWO ADDITIONAL MOUNTING HOLES ADDED TO D4630-1 COVER. (ZN C7-3) | ML                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13.09.30 |
| A          | NEW ISSUE                                                       | RP                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12.08.31 |
| REV.       | DESCRIPTION                                                     | BY                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE     |
| DESIGN     | RP                                                              | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>D4630</b> REV. B<br>SHEET 1 OF 6<br><b>SKIDTUBE STEP ASSY</b> SCALE NTS<br><small>COPYRIGHT © 2013 BY DART AEROSPACE LTD<br/> THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |          |
| DRAWN      | ML                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| CHECKED    | ML                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| MFG. APPR. | ML                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| APPROVED   | ML                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| DE APPR.   | ML                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| DATE       | 13.09.30                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |



8 7 6 5 4 3 2 1

D

C

B

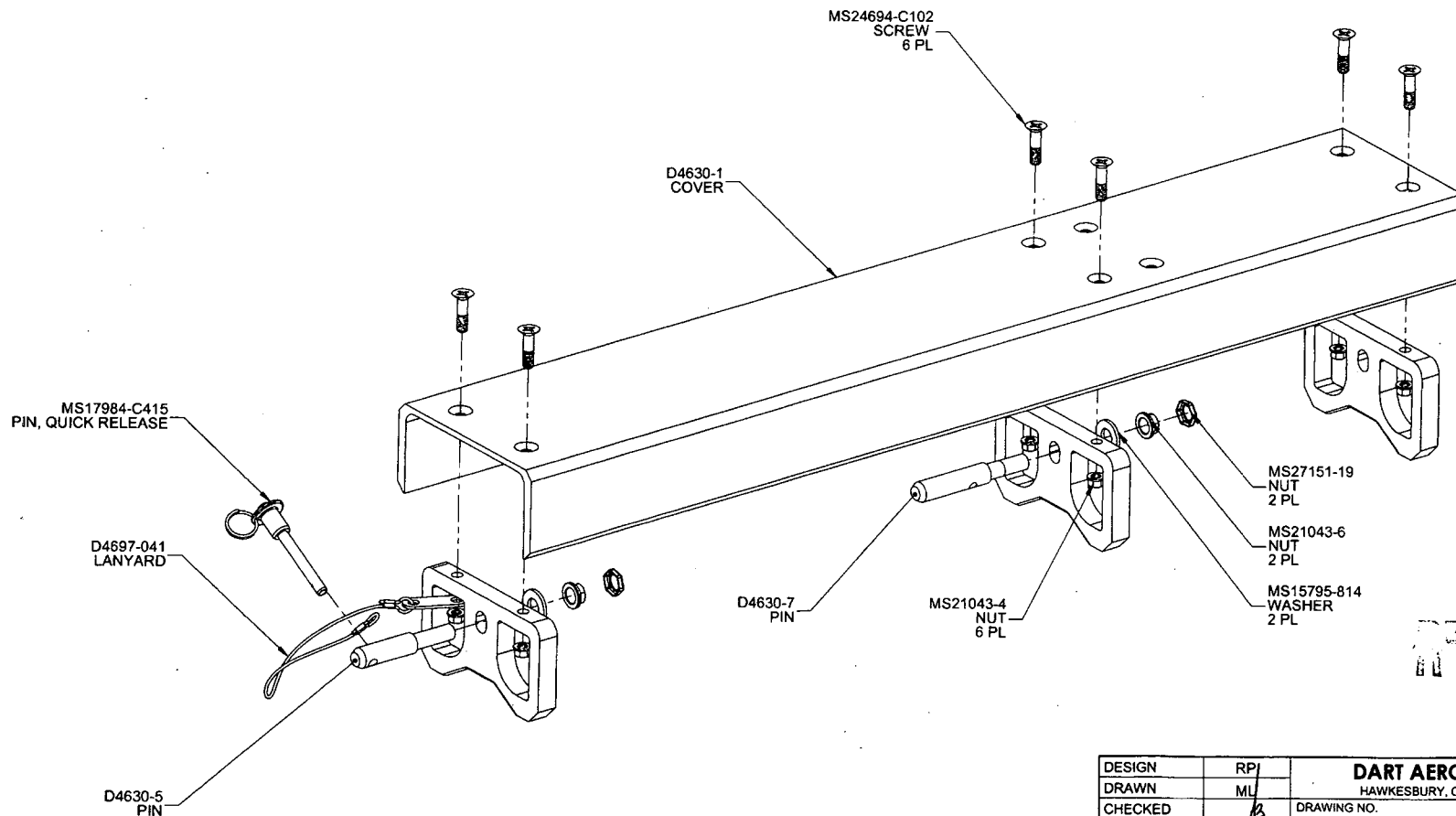
A

D

C

B

A



|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RPI      | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                              |              |
| DRAWN      | ML       |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | MB       | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. B       |
| MFG. APPR. | MB       | D4630                                                                                                                                                                                                                                                                          | SHEET 2 OF 6 |
| APPROVED   | MB       | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | MB       | SKIDTUBE STEP ASSY                                                                                                                                                                                                                                                             | NTS          |
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8 7 6 5 4 3 2 1



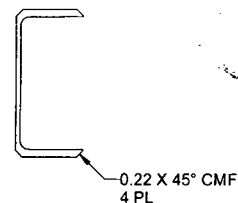
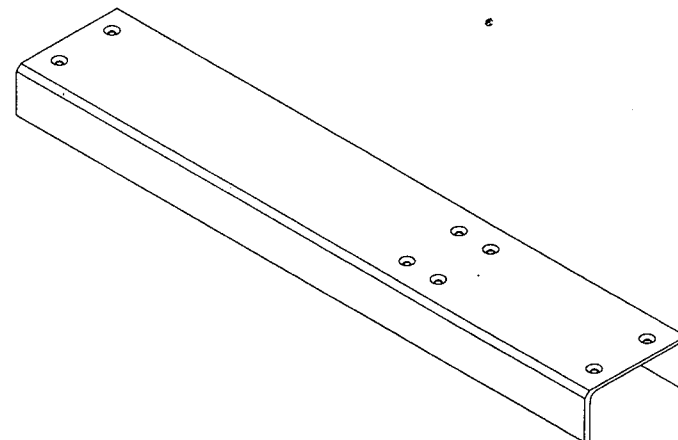
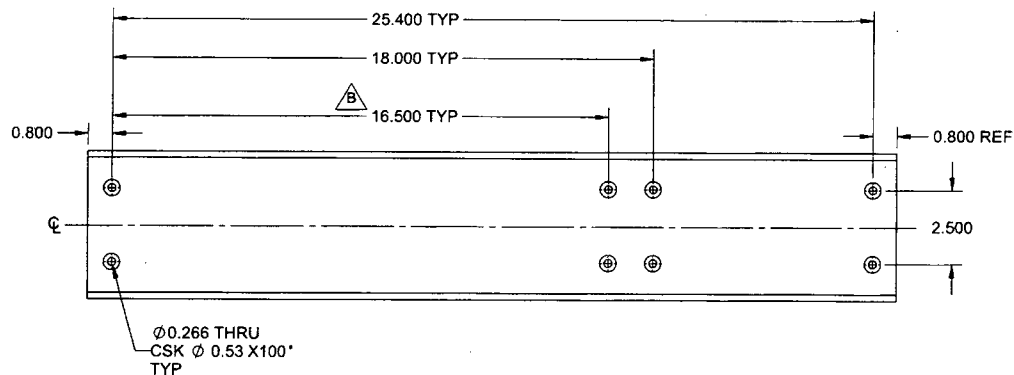
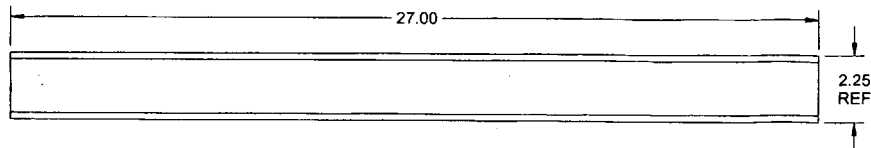
8 7 6 5 4 3 2 1

D

C

B

A



# **D4630-1 COVER**

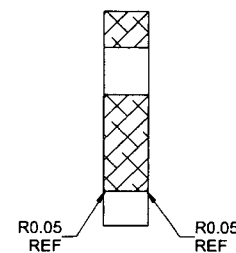
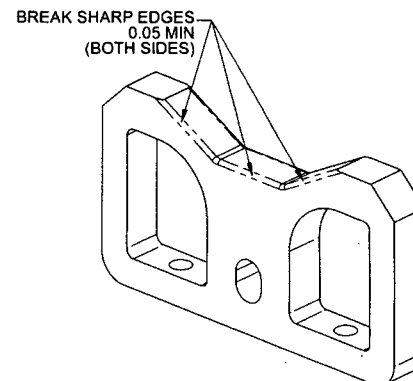
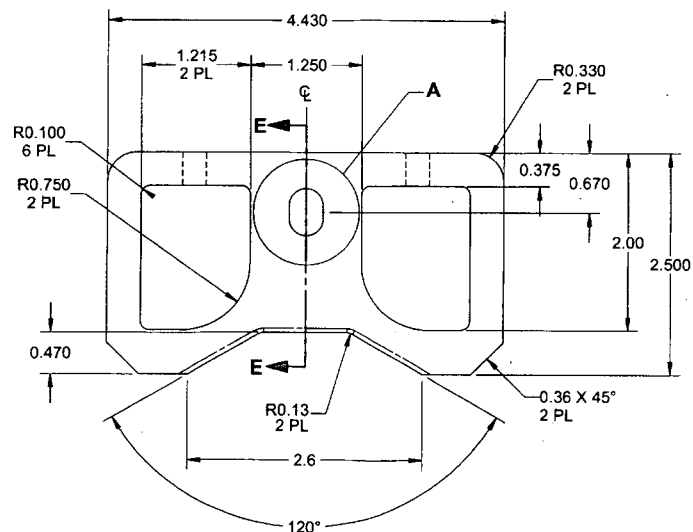
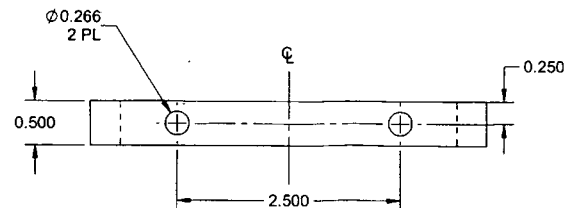
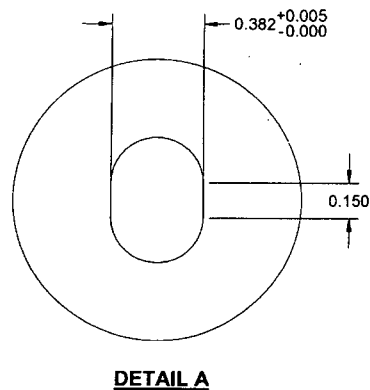
## **NOTES:**

- 1) MATERIAL: MAKE FROM EXTRUSION D6209
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT "WHITE GLOSS" (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: PER DART QSI 044 6.6 OR 6.7
- 7) WEIGHT: 4.68 lbs

RELEASED  
2013-10-30

|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RP       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | ML       |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | MB       | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. B       |
| MFG. APPR. | MB       | <b>D4630</b>                                                                                                                                                                                                                                                                   | SHEET 3 OF 6 |
| APPROVED   | MB       | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | MB       | <b>SKIDTUBE STEP ASSY</b>                                                                                                                                                                                                                                                      | NTS          |
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8 7 6 5 4 3 2 1



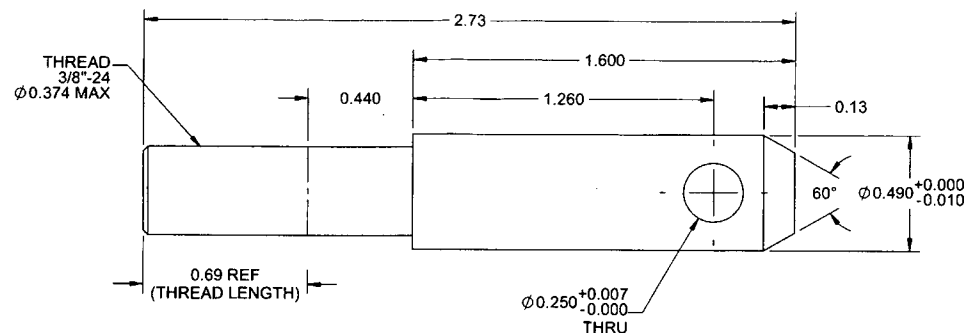
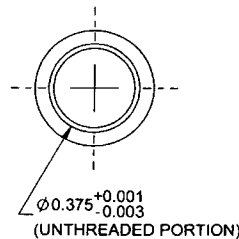
## SECTION E-E

RELEASE  
2013-10-30  
AND

**D4630-3 BRACKET**

- NOTES:**
- 1) MATERIAL: 6061-T6/T651/T6510/T6511/T62 ALUMINUM BAR PER QQ-A-225/8  
OR AMS QQ-A-225/8 OR AMS 4117/4128/4115/4116 OR QQ-A-200/8  
OR AMS 4160 OR ASTM B211 OR ASTM B221  
REF DART SPEC M6061T6B
  - 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT "BLACK SANDEX" (4.3.5.7) PER DART QSI 005 4.3
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: N/A
  - 7) WEIGHT: 0.30 lbs

|            |                    |                                                                                                                                                                                                                                                                                        |              |
|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                              |              |
| DRAWN      | ML                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                            |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. B       |
| MFG. APPR. | <i>[Signature]</i> | <b>D4630</b>                                                                                                                                                                                                                                                                           | SHEET 4 OF 6 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   | <i>[Signature]</i> | <b>SKIDTUBE STEP ASSY</b>                                                                                                                                                                                                                                                              | NTS          |
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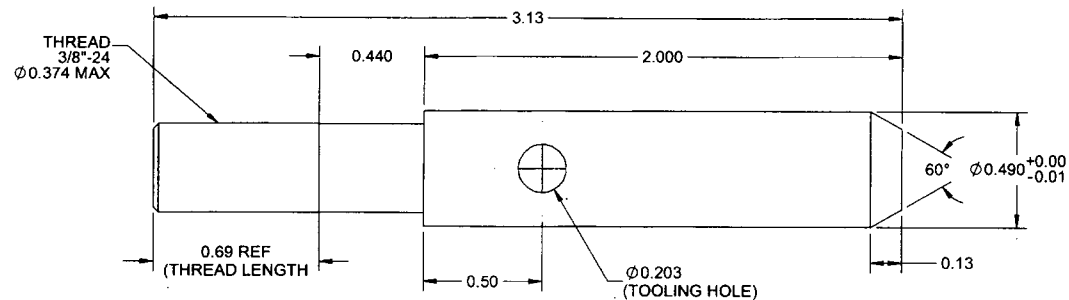
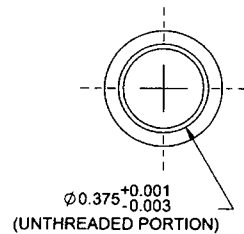
# **D4630-5 PIN**

## **NOTES:**

- 1) MATERIAL: AISI 303 SS ROUND BAR PER ASTM A582  
REF DART SPEC M303R1.000 OR  
AISI 304/316 SS ROUND BAR PER ASTM A276  
REF DART SPEC M304R1.000
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.11 lbs

|            |          |                                                                                                                                                                                                                                                                               |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RP       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                      |              |
| DRAWN      | MU       |                                                                                                                                                                                                                                                                               |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                   | REV. B       |
| MFG. APPR. |          | <b>D4630</b>                                                                                                                                                                                                                                                                  | SHEET 5 OF 6 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                         | SCALE        |
| DE APPR.   |          | <b>SKIDTUBE STEP ASSY</b>                                                                                                                                                                                                                                                     | NTS          |
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RELEASED  
 2013-10-30



**D4630-7 PIN**

**NOTES:**

- 1) MATERIAL: AISI 303 SS ROUND BAR PER ASTM A582  
REF DART SPEC M303R1.000 OR  
AISI 304/316 SS ROUND BAR PER ASTM A276  
REF DART SPEC M304R1.000
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.11 lbs

RELEASED  
2013-10-30

|            |                    |                                                                                                                                                                                                                                                                                                 |        |
|------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| DESIGN     | RP                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                        |        |
| DRAWN      | ML                 |                                                                                                                                                                                                                                                                                                 |        |
| CHECKED    | <i>[Signature]</i> | DRAWING NO. <b>D4630</b>                                                                                                                                                                                                                                                                        | REV. B |
| MFG. APPR. | <i>[Signature]</i> | SHEET 6 OF 6                                                                                                                                                                                                                                                                                    |        |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                           | SCALE  |
| DE APPR.   | <i>[Signature]</i> | <b>SKIDTUBE STEP ASSY</b>                                                                                                                                                                                                                                                                       | NTS    |
| DATE       | <b>13.09.30</b>    | <small>COPYRIGHT © 2013 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD</small> |        |

## FIRST ARTICLE INSPECTION CHECKLIST

| Rev | Date     | Change                     | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E   | 10.04.14 | Added preliminary approval | KJ         |          |

10.04.15

Order ID 99947

Thursday, May 09, 2013 10:20:25 AM

\*99947\*

Page 1

Item ID: D412-824-011

Accept

Revision ID:

\*N900040100\*

Setup Start \*NS1\*

Item Name: Skidtube Step

Stop \*NS2\*

Start Date: 4/16/2013 Start Qty: 1.00

\*1\*

Required Date: 4/17/2013 Req'd Qty: 1.00

\*1\*

Reference: RMA RA111520

Cust Item ID:

Customer: CU-DAR001

Approvals: Process Plan: *MF*

Date: 13-5-09

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

IIN-D412-824

100

\*100\*

QC

Quality Control

Memo

INSPECT RA 111520  
D412-824-011 X 1 B#91987

NEEDS SOME REWORK  
DISSASSEMBLE STEP AND REPOWDER COAT  
RE-ASSEMBLE WITH NEW HARDWARE

0.00

MLJ 13-12-17